

MDR Tracking Number: M5-04-3249-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on May 26, 2004.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the majority of the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The office visits (99213-99213-mp and 99215-mp), manual traction and therapeutic exercises from 05-27-03 through 07-23-03 **were found** to be medically necessary. The training for daily living, removeable foot inserts (L3030), joint mobilization and myofascial release from 05-27-03 through 07-23-03 **were not found** to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 05/27/03 through 07/23/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 30th day of September 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

Enclosure: IRO decision



Specialty Independent Review Organization, Inc.

Amended Report

September 17, 2004

David Martinez
TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M5-04-3249-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Chiropractor. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

___ was injured in a work-related injury on ___ when he entered a doorway and an assailant struck him in the head and neck. He initially received emergency care from an ambulance and then saw Dr. Rai who prescribed physical therapy. Mr. ___ received a CT of the brain on 2-18-2003 and read by Dr. Kirk, which as read as essentially normal. The patient received an EMG/NCV of the upper extremities on 4-4-2003, which was read by Dr. Ubaldo suggestive of mild chronic radiculopathy. An MRI of the cervical spine on 4-7-2003 was performed and read by Dr. Parven revealing multilevel foraminal stenosis, abnormal alignment and posterior bulging

of the annulus contributing to the displacement of the anterior cord. The patient began care with Dr. Wetz on approximately 5-27-2003 and continued through 7-23-2003. Dr. Wetz placed the patient at MMI with a 15% whole person impairment rating on or about 8-14-2003. Numerous treatment notes, diagnostic tests, evaluations and other documentation consisting of 101 pages were reviewed for this file.

DISPUTED SERVICES

The items in dispute are the retrospective medical necessity of office visits w/ manipulations, joint mobilization, myofascial release, manual traction, therapeutic exercises, removable foot inserts (L3030) and training for daily living from 5-27-2003 through 7-23-2003.

DECISION

The reviewer disagrees with the previous adverse determination regarding office visits (99213-mp and 99215-mp), manual traction and therapeutic exercises for the dates under review.

The reviewer agrees with the previous adverse determination regarding training for daily living, removable foot inserts (L3030), joint mobilization and myofascial release for the dates under review.

BASIS FOR THE DECISION

The reviewer's decision is based upon the Medical Disability Advisor, the Official Disability Guidelines, and Evidence Based Medicine Guidelines. Specifically for this type of injury, the MDA recommends manual traction, therapeutic exercises and mobilization of the injured area. The office visit with manipulation would be considered inclusive of the mobilization of the joint and therefore the joint mobilization would not be a separate billable service. It is unnecessary to traction a joint, mobilize the joint and then manipulate the same joint on the same visit without documentation to substantiate the need to perform all three procedures. In addition it is not necessary for the patient to undergo multiple units of manual therapy to the same body part/region consisting of joint mobilization, myofascial release and manual traction on the same visit. Three units of manual therapy to the same body part/region would consist of a minimum of 38 minutes of manual techniques to the injured area, which is not clinically warranted without supporting documentation. The activities of daily living are not sufficiently documented as to what was performed or advised to the patient and are therefore not medically necessary. The documentation does not support the need for myofascial release over massage therapy and thus cannot be deemed medically necessary. Lastly, the documentation does not support the medical necessity of removable foot inserts for this type of injury.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has

made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO

CC: Specialty IRO Medical Director